



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 1555

| | | | | |
|------------------------------------|---|---------------------|-------------------------------|--|
| SERIAL NUMBER 10/653,027 | FILING OR 371(c) DATE 08/28/2003 RULE | CLASS 606 | GROUP ART UNIT 3731 | ATTORNEY DOCKET NO. CSI-2008C2 |
|------------------------------------|---|---------------------|-------------------------------|--|

APPLICANTS

Laurent Schaller, Los Altos, CA;
 Barry Gardiner, Orinda, CA;
 Art Hill, Sausalito, CA;
 John Nguyen, San Jose, CA;
 Liem Ho, Mountain View, CA;
 Isidro Matias Gandionco, Fremont, CA;

**** CONTINUING DATA *******

This application is a CON of 09/260,623 03/01/1999 PAT 6,613,059

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 11/21/2003

| | | | | |
|--|-------------------------------|-----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY CA | SHEETS DRAWING 20 | TOTAL CLAIMS 35 | INDEPENDENT CLAIMS 1 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged | Examiner's Signature | Initials | | |

ADDRESS

Jeffrey J. Hohenshell
 710 Medtronic Parkway
 Minneapolis, MN 55432

TITLE

Tissue connector apparatus and methods

| | | |
|-----------------------------------|---|---|
| FILING FEE RECEIVED 585 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|-----------------------------------|---|---|